Foster Family Home - Corrective Action Report

1-598427

Provider ID:

Home Name: Mildred Dacoco, CNA 1931 Waikahe Place			Review ID: Reviewer:	1-598427-7		
				Terri Van Houten		
Honolulu		н	96819	Begin Date:	12/12020	
Foster Family Ho	ome	Rec	uired Certifi	cate		[11-800-6]
6.(d)(1)	Comply	with all	applicable req	uirements in this cha	apter; and	
Comment:		•••••				
6.(d)(1) - Unanno written plan of cor					ertification.	Report issued during home inspection with
Foster Family Ho	ome	Info	rmation Cor	nfidentiality		[11-800-16]
16.(b)(3)	Inform o	clients a	oout their conf	identiality practices;		
Comment:						
16.(b)(3) - Client	#1 and o	client #2	2 do not have	evidence that the	y were info	rmed of confidentiality practices.
Foster Family Ho	ome	Clie	nt Care and	Services		[11-800-43]
43.(a)	certified	by the	care for not m department for 21-481, HRS.	ore than two adults three beds; shall ca	at any one ti are for not mo	me who are unrelated to the foster family, or if ore than three adults, pursuant to the requirements
Comment:	under 3	COLORIO	21-401,1110.		*********	
43.(a) - Client #1	admitte	d on 11	/30/20 as Me	dicaid pending. Cl	lient #2 is a	private pay client.
Foster Family Ho	ome	Grid	evance			[11-800-45]
45.(1)			t or the client's ituation;	legal representative	e of the griev	ance policies and procedures and the right to appeal
45.(2)		ncludes				s to the client or the client's legal representative, duals who shall be contacted in order to report a
45.(3)			cknowledgem e reviewed	ents from the client	or the client's	legal representative that the grievance policies and
Comment:						***************************************
45.(1), 45.(2), 45. copy of the grieva			ed that client	#1 or client #2 or	their legal g	guardians were provided with information or a
Foster Family Ho	ome	Clie	nt Rights			[11-800-53]
53.(a)	Written establis public v	hed and	a copy shall b	es regarding the righ be provided to the cl	its of the clie lient, or the c	nt during the client's stay in the home shall be lient's legal representative, and made available to the
Comment:	public v	vnen rec	uesteu.			
53.(a) - No evider	nce for o	lient #	and client #	2 that they or their	legal guard	dian was provided with a copy of the client rights
	L	تابد	Huse	stra		12/3/20
	Comp	liance	Manager			Date
	(M	dow	V		12/3/20
Page 1 of 1	Prima	ry Car	e Giver			Date ' 12/3/2020 3:55:10 PM

Terri Van Houten, RN, MSN Ed

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) **Chapter 11-800**

PCG's Name on CCFFH Certificate:

Mildred Dacoco

(PLEASE PRINT)

CCFFH Address:

1931 Waikahe Pl.

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
16.b.3	Provided Client #1 a copy of confidentiality practices.	12/4/20	Prepare all the copies of the admission policy and always check.
	Provided Client #2 a copy of confidentiality practices	12/7/20	
45.(1)	Informed Client #1 of grievance policies and procedures.	12/4/20	Home will have everything prepared by reviewing all paper work.
45.(2)	Provided Client #1 a written copy of grievance policies and procedures and obtained signature.		
45.(3)	Informed Client #2 of grievance policies and procedures. Provided Client #2 a written copy of grievance policies and procedures and obtained signature.	12/7/20	Home will have everything prepared, making sure paper work is reviewed and complete.
53.(a)	Provided Client #1 copy of the client rights. Provided Client #2 a copy of the client rights.	12/4/20 12/7/20	Home will have everything prepared, making sure paper work is reviewed and complete.

All items that	were fixed are attached to this CAP	
PCG's Signature:	were fixed are attached to this CAP Macoto	Date: 12-11-20